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ABSTRACT

This study was conducted to investigate the effect that a parent support group and a counseling group had on the stress levels, self-esteem, and degree of coping of parents (N=48) of developmentally delayed or handicapped infants enrolled in an infant intervention program. It was hypothesized that, compared to parents in the control group, parents in both treatment groups would have lower stress levels, higher self-esteem, and higher coping scores. It was further hypothesized that the P subscale score (presently feel) on the Coping with Loss Scale would be significantly higher than the U subscale score (used to feel) for parents participating in the study. Parents in the support group (N=16), counseling group (N=16) and control group (N=16) completed the Coopersmith Self-Esteem Inventory, the Parenting Stress Index, and the Coping with Loss Scale. The results revealed no significant differences in self-esteem scores, stress scores, or coping scores between parents in the control group and those in treatment groups. The subscales of the Coping with Loss Scale proved to significantly discriminate between each other. (NB)

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The Efficacy of Parent Counseling and Support
Groups on the Stress Levels, Self-Esteem and
Degree of Coping of Parents of Developmentally
Delayed or Handicapped Children Who Are
Involved in an Infant Intervention Program

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The Efficacy of Parent Counseling and Support Groups on the
Stress Levels, Self-Esteem and Degree of Coping of
Parents of Developmentally Delayed or Handicapped
Children Who are Involved in an Infant Intervention Program

Research Question

The purpose of this study was to investigate the effect that a parent support group and a counseling group has on (1) the stress levels, (2) self-esteem, and (3) degree of coping of parents of developmentally delayed or handicapped infants that were enrolled in an infant intervention program. It was hypothesized that:

1. The stress index on the Parenting Stress Index will be significantly lower for those parents involved in both treatment groups as compared to the stress index for those parents in the control group.
2. The self-esteem scores on the Coopersmith Self-Esteem Inventory will be significantly higher for those parents involved in both treatment groups as compared to the self-esteem scores for those parents in the control group.
3. The coping scores on the researcher's self-constructed Coping With Loss Scale will be significantly higher for those parents involved in both treatment groups as compared to the coping scores for those parents in the control group.
4. The P subscale score (Presently feel) on the Coping with Loss Scale will be significantly higher than the U subscale score (Used to feel) for the parents participating in the study.

The Methodology

Forty-eight parents that had infants who are developmentally delayed or handicapped and enrolled in the Infant Intervention Program located in Virginia Beach, Virginia participated in the study.

Sixteen of the parents were randomly assigned to participate in support groups which met once a week over a period of eight weeks. These groups were led by the Infant Intervention Parent Coordinator. The primary goal of these groups was to offer emotional support to the parents in a nonthreatening

atmosphere. The support groups were structured as self-help groups where individuals could feel free to bring up concerns and the group members would offer advice and support to that person. The topic for each group meeting depended on the concerns and needs of the group members at that time.

Sixteen of the parents were randomly assigned to participate in group counseling once a week for eight weeks. They were led by a professional counselor who has had experience in group counseling. The primary objective of the groups was to offer parents a safe, warm environment where they could discuss feelings and concerns regarding themselves in their parenting role. Secondly, the groups offered a place where the parents could learn new skills in regard to parenting a child who is handicapped or developmentally delayed.

The sixteen parents who were assigned to the control group received no treatment although their children were involved in the infant intervention program as were the infants of the parents in the treatment groups. Measurements on the control group were gathered at the end of the summer session since routinely the parent component is not offered in the summer. This was done so that parent intervention would not be withheld from any parent during the regular academic calendar.

The three following instruments were used in this study: The Coopersmith Self-Esteem Inventory, The Parenting Stress Index and the researcher's self-constructed Coping with Loss Scale.

Construction of the Coping with Loss Scale

The initial item pool consisted of 75 items that were developed by the researcher. The items were then rated as to their relevance to each stage of the grief process by six Friends of Kubler-Ross, professionals who have been trained by Kubler-Ross in the loss model and who serve as consultants and support group leaders in the area of grief and loss. The ratings and

suggestions made by them were used to make revisions and derive the fifty items that make up the scale. Each of the five stages is represented by ten items.

The original scale was field tested with six parents of children enrolled in the infant intervention program in Chesapeake, Virginia in a pilot study held March - May 1986. The parents' mean score prior to the treatment was 3.34 on a scale of 1-5, which represents the bargaining stage. The parents' group mean score following the treatment was 3.54 which represents a positive progression toward stage four--the depression stage. The level of significance was not established. The respondents found the instrument easy to use.

Research Findings

No significant impact was measured in self-esteem scores between those parents in the control group and those parents in the treatment groups. Similarly, no significant difference was found in stress indexes between those parents in the control group and those in the treatment groups. No significant difference was found between any of the groups in the coping scores. The subscales of the Coping with Loss Scale proved to significantly discriminate between each other

Discussion

Although the parent support group and counseling group did not have a statistically significant impact on the self-esteem, stress and coping of the parents involved in the program, this study serves as a beginning point from which others can follow. The support group model did appear to be superior to the counseling group format on the self-esteem and stress variables, and possible reasons for this are discussed below. A highly statistically significant difference was found on the Coping with Loss Scale which may offer some credibility to Kubler-Ross' Stage Theory.

The literature documents the difficulty of doing research with infant intervention programs due to the fact that they are not standardized. The programs' uniqueness and flexibility are strengths of the programs, yet they are weaknesses when it comes to the area of research. The diversity of the three infant programs in the local area served as a deterrent to setting up an inter-program research study. While one program was a home-based model, the other two were center-based but had very different philosophies, formats, and served different socio-economic levels.

In addition, research is further complicated due to the inherent problem of absenteeism based on the diverse medical problems of the infants. Absenteeism not only hinders the collection of data, but it also prevents the formation of group cohesiveness which is critical to counseling groups. Since support groups have an open structure that better allows for change in membership, this could explain the superiority of the support group on self-esteem and stress. Absenteeism also reduced the potency of treatment in some cases and data on subjects who had missed more than twenty-five percent of the sessions could not be analyzed. The Mann-Whitney U Test was used to analyze the data due to the small sample size in each group. Distribution tests are usually less powerful than their parametric counterparts and may not always detect true differences between populations. It is also possible that the leader variable had more impact than expected.

One measurement that did have a lot of impact was the difference between the two subscales (Used to Feel and Presently Feel) on the Coping with Loss Scale. When the parents' two subscales were compared as a group, the difference was statistically significant (.001).